

STATE LOAN REPAYMENT PROGRAM (SLRP) SITE APPLICATION

Please type or print legibly. Not to be filled out by the medical provider (only the employer)

1. Name of Practice Site: _____
Address: _____
City: _____ State _____ County: _____ Township: _____
Zip Code: _____ Email: _____
Phone: _____ Fax _____
If site is under construction, provide estimated opening date: _____
2. Name/number of HPSA Service Area (see HPSA list): _____
If HPSA # is not known, what is Census Tract # _____
3. Name of Sponsoring Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Director's Name (Signature at #17 below): _____
Phone Number: _____ Fax: _____
E-Mail: _____ **Federal I.D. # 38-** _____
4. Check **ALL** of the following that describe the above site (on line #1):
Federally Qualified Health Center (**FQHC**) ____; Critical Access Hospital (**CAH**) or
CAH administered Clinic ____; Community Mental Health (**CMH**) Clinic ____; **State
Psychiatric Hospital** ____; **Public** (government) Clinic ____ If Public, check one:
federal____, state____, county____, City____; **Private/Not-for-Profit** ____; **For Profit
Private Clinic** ____; **State/Fed Correctional Facility** ____; **Hospital** ____.

Does this agency participate with any of the Qualified Health Plans (QHP) in this
county? Yes____ No____ If yes, please list the QHPs that the agency participates with:

5. Is the practice site incorporated to do business in Michigan with a current and
appropriate IRS status as a Not-For-Profit agency under the Internal Revenue Code
501 (c) 3?
Yes____ No____ If YES, **YOU MUST** attach a copy of the certificate of 501 (c) 3
or articles of incorporation for the Practice Site or Sponsoring Organization.
6. Please indicate the estimated number and type of providers to whom you would like
to recruit with the assistance of the SLRP over the next three years:

Discipline	Specialty	Number	Projected Hire Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Eligible disciplines are: dentists, physicians(eligible physician specialties are FP, IM, Peds, OBGYN) , psychiatrists, physician assistants, nurse practitioners, certified nurse midwives, MSWs, MA/Ph.D. psychologists, and psychiatric nurse practitioners.

7. Does your agency use a sliding fee scale for medical services based on federal poverty guidelines? Yes _____ No _____.
Is this sliding fee scale policy clearly posted in the clinical site (#1 above)?
Yes _____ No _____.
(YOU MUST SUBMIT A COPY OF THIS SLIDING FEE SCALE WITH THIS SITE APPLICATION TO BE APPROVED AS A SLRP SITE).
8. Unduplicated number of active medical or dental or mental health users of this site during previous calendar or fiscal year: _____
9. Approximately what percentage of your users are:
Medicaid: _____ Medicare: _____ Self-pay: _____ Private Insurance: _____
10. What is the distance to the nearest hospital? _____ (miles)
11. At what hospital(s) do your physicians have staff privileges? _____

Hospital Name(s)
12. Is prenatal care offered by your practice? Yes _____ No _____
If yes, by whom? _____
(Discipline)
13. Is there an established call schedule? Yes _____ No _____
14. Number of deliveries per year (if applicable): _____
15. Do you have a formal referral and follow-up system for your patients? Yes ___ No ___
16. Has either your Practice Site or the Sponsoring Organization been investigated and/or convicted for Medicaid or Medicare fraud: Yes _____ No _____
If so, briefly explain when and the outcome of the investigation: _____

17. Printed name of site administrator (see #3) _____
18. Signature of site administrator: _____
Signature

Return To:

Kenneth Miller

Michigan Department of Community Health

Health Policy, Regulation and Professions Administration, Health Care Workforce Section
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